

4829

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>116 364</u>	
District of <u>St. Louis</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>290</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
City of _____	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD _____		Born _____	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive _____	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>9-11</u>	191 <u>4</u>	
Full Name <u>FATHER Joseph Ausere</u>		Full Maiden Name <u>MOTHER Josefa Sanchez</u>	
Residence <u>Miami Ariz.</u>		Residence <u>Miami Ariz.</u>	
Color or Race <u>Spanish</u>	Age at last Birthday <u>36</u>	Color or Race <u>Spanish</u>	Age at last Birthday <u>26</u>
Birthplace <u>Spain</u>		Birthplace <u>Spain</u>	
Occupation <u>Miner</u>		Occupation <u>House wife</u>	
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>no</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>9/11</u> 191 <u>4</u> , at <u>9:30 P.</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191_____		(Signature) <u>John H. Long</u>	
		(Attending physician, midwife, householder.)*	
		Address <u>Miami Ariz</u>	
Filed <u>Sept 30</u> 191 <u>4</u>		LOCAL REGISTRAR.	
015-911-129		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	